



WESTWOOD COLLEGIATE
POWER & RESPONSIBILITY

Assessment Week Absence Eligibility Form

To be completed and returned to the school office a minimum of two weeks prior to Assessment Week

Student Name _____

Date(s) of Absence _____

Purpose of Absence _____

Class	Teacher Name	Scheduled Assessment Date	Teacher Signature	Conflict Assessment Date (office use only)

Parent Signature (Required) _____
(Parent to sign before Administration)

Administration Signature _____